

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN -8 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005805**

1. Corporation Name

**Church of God of Holiness of Christ
inc.**

2. Principal Office Address - No P.O. Box #

333 N.W. 305th

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 640812

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami FL

Zip

33127 Dade

Country

Zip

33164 Dade

Country

100208626511

06/08/11--01028--005 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11-28-1994

5. FEI Number

650557944

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nadege Dutes

Street Address (P.O. Box Number is Not Acceptable)

501 NW 177th

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33162

100208626511

06/08/11--01028--006 **61.25

100208626511

06/08/11--01028--007 **61.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Nadege Dutes
REGISTERED AGENT MUST SIGN

Date

5/20/2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director Pastor	Nadege Dutes	501 N.W. 177th	North Miami FL 33162
Officer	Jean-Baptiste Mathew	333 N.W. 305th	Miami FL 33127
Officer	Guerline Pierre	20210 N.W. 3rd Ct	Miami Gardens FL 33164

10. E-mail Address:

Guernable77@gmail.com **Church of God 333 E.H. met**
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Nadege Dutes NADEGE DUTES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/2011
Date

305-576-1477
Daytime Phone #

305-336-0249